

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N049002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAVILAND OPERATOR, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MAIN HAVILAND, KS 67059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS  The following citation represents the findings of a Health Licensure resurvey and Complaint Investigation #99269.	S 000		
S1164 SS=F	26-40-303 (h)(1)(a)(i)(ii)(iii)(iv) P E - Nursing facility support system  (h) Nursing facility support systems. Each nursing facility shall have support systems to promote staff responsiveness to each resident ' s needs and safety.  (1) Call system. Each nursing facility shall have a functional call system that ensures that nursing personnel working in the resident unit and other staff designated to respond to resident calls are notified immediately when a resident has activated the call system.  (A) Each nursing facility shall have a call button or pull cord located next to each bed that, if activated, will initiate all of the following:  (i) Produce an audible signal at the nurses ' workroom or area or activate the portable electronic device worn by each required staff member with an audible tone or vibration;  (ii) register a visual signal on an enunciator panel or monitor screen at the nurses ' workroom or area, indicating the resident room number;  (iii) produce a visual signal at the resident room corridor door or activate the portable electronic device worn by each required staff member, identifying the specific resident or room from which the call has been placed; and	S1164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S1164	<p>Continued From page 1</p> <p>(iv) produce visual and audible signals in clean and soiled workrooms and in the medication preparation rooms or activate the portable electronic device worn by each required staff member with an audible tone or vibration.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-40-303(h)(1)(B)(ii) The facility census totaled 46 residents. The facility failed to have an enunciator board located at the nurses' station to monitor call lights triggered by residents. The failure had the potential to affect all residents residing in the facility.</p> <p>Findings included:</p> <p>- Observation on 6/7/16 at 8:00 a.m. during call light check revealed the facility had no enunciator panel at the nurses' station to monitor call lights triggered by the residents. The system triggered all call lights to pagers worn by all nursing and care staff. The facility had a board but it was located in the maintenance office and was not easily accessible to nursing and care staff.</p> <p>During an interview on 6/7/16 at 8:30 a.m. administrative nurse B reported the nurses' station used to have an enunciator board to monitor the call lights but ceased to use it when the facility installed a new system. Staff B stated he/she did not think the old board was compatible with the new call system.</p> <p>During an interview on 6/7/16 at 1:30 p.m. administrative staff C reported the board was relocated to the nurses' station and was functioning.</p>	S1164		

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S1164	Continued From page 2  Observation of the board showed when call lights were triggered. No re-pages were seen due to staff answering lights promptly.  The facility failed to ensure an enunciator board was located at the nurses' station to monitor call lights triggered by residents.	S1164		